

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Graham</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>167</u>
District of <u>Pima</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>264</u>
Town of _____ or _____			Local Registrar No. <u>227</u>
City of _____ No. _____ St. _____ Ward _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Preston</u> <span style="float: right;">If child is not yet named, make supplemental report, as directed</span>			
3. Sex of child <u>boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth <u>8</u>	6. Legitimate? <u>yes</u>
		7. Date of birth <u>11/2/22</u> (Month, day, year)	
8. Full name <u>Millard Preston</u>		14. Full maiden name <u>Bertha Isabell Rogers</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>Pima</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Pima</u>	
10. Color or race <u>white</u>	11. Age at last birthday <u>45</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>43</u> (Years)
12. Birthplace (city or place) (State or country) <u>Minnesota</u>		18. Birthplace (city or place) (State or country) <u>Arizona</u>	
13. Occupation Nature of Industry <u>Farmer</u>		19. Occupation Nature of Industry <u>housewife</u>	
20. Number of children of this mother. (Taken as of time of birth of child here. in certified and including this child.)			
(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>still born</u> <u>8/P</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>M.E. Plot</u> (Physician or midwife)	
		Address <u>Thatcher Ariz</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>12-5</u> , 19 <u>22</u> <u>Alma Burne</u> County Registrar.	
<u>075-1102-292</u> Registrar.		Filed <u>12/10</u> , 19 <u>22</u> <u>J.M. [Signature]</u> County Registrar.	

Give number of each, in order of birth, stated.